

Community Development Block Grant Program Public Services FY 2017 Application



**City of Anniston
Community Development Department
Anniston City Hall
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Application Release Date: October 7, 2016

Application Workshops: October 26, 2016 – 10:00 AM & 6 PM

Application Submission Deadline: December 16, 2016 - 4:00 PM

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City of Anniston, Alabama
Community Development Block Grant – Public Services
FY 2017 Application Instructions

PLEASE READ INSTRUCTIONS CAREFULLY

INTRODUCTION

The United States Department of Housing and Urban Development (HUD) provides communities with resources to address a wide range of unique community development and housing needs through the Community Development Block (CDBG) Program. The CDBG program provides annual grants, on a formula basis to Entitlement Communities, as a means to support viable communities by providing decent housing, a suitable living environment, and opportunities to expand economic opportunities, principally for low- and moderate-income persons.

The CDBG Program has three national objectives:

- Provide a direct benefit(s) to low-to moderate-income households;
- Prevent or eliminate slums or blight; and/or
- Address an urgent need or problem within the community (usually natural disasters).

The City of Anniston invites local agencies and government entities to submit CDBG applications for the Program Year beginning October 1, 2017 through September 30, 2018.

A Selection Committee will review all applications for compliance with minimum requirements and make funding recommendations for approval by the City Manager, Mayor and Council of the City of Anniston.

Incomplete Applications will not be considered for funding. Please complete all sections of the applications and provide all requested documentation.

Applications must be submitted using the WORD fillable application format.

FY 2017 applications may be used by the City of Anniston to award prior year CDBG Program funds, if available.

AVAILABLE FUNDING

The CDBG Program, administered by the U.S. Department of Housing and Urban Development (HUD), is authorized under Title I of the Housing and Community Development Act of 1974, as amended, and regulatory compliance requirements are governed primarily by the following:

- Title I of the Housing & Community Development Act of 1974, as amended.
- Title 24 of the Code of Federal Regulations, Part 570 (24 CFR 570).
- Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200).

The City of Anniston receives CDBG funds annually based on a Federal funding formula. The City's receipt of funds is contingent upon the availability of HUD funding for the CDBG program. Funding is subject to availability and there is no guarantee that any funds will be available for local allocation.

Submission of an application does not guarantee funding, nor does the receipt of funds in prior years guarantee or increase the likelihood of receiving FY 2017 funds. Costs associated with the preparation of this application shall be the responsibility of the applicant and may not be paid from any CDBG funds awarded to the applicant organization by the City of Anniston. After applications are received by the submission deadline, they will become the property of the City of Anniston.

The CDBG Program grants are administered locally by the City of Anniston Community Development Department.

ELIGIBILITY REQUIREMENTS

- a. The Application must be submitted by, or on behalf of, a nonprofit agency, public agency or governmental entity, requesting CDBG funds to undertake eligible costs and activities.
- b. A minimum of 51% of total persons assisted through CDBG Public Services must be members of households with incomes from all household members that do not exceed HUD-established maximum income requirements. All proposed projects must serve households with incomes at or below 80% of Area Median Income (See Attachment "A" HUD Income Guidelines). All persons who are served with CDBG-assisted services must be residents of the City of Anniston.
- c. Proposed projects must address the program priorities outlined in the Program Priorities section of this Application.
- d. All proposed projects must serve one or more of these target populations (low-income persons or households, abused/neglected children, battered spouses, adults with severe disabilities, elderly, homeless persons, illiterate adults, migrant farm workers, persons living with AIDS).

FY 2017 CDBG PROGRAM PRIORITIES

The Consolidated Plan 2013-2017 established strategic priorities as a product of extensive consultation with community stakeholders, combined with data from the U.S. Census and other sources, which indicate specific housing and community development needs in City of Anniston. Combined with a needs assessment survey, under the Citizen Participation Plan, the City of Anniston identified the following strategic priorities to address with CDBG and HOME funds in conjunction with leveraging other public and private investments.

The priorities are based on the needs assessment, market analysis and public comments received. The City will focus its priorities on the types of projects and programs having long term impacts on low- and moderate-income residents, and help address other federal, state and local priorities, such as fair housing choice and sustainability.

Proposed activities must address one or more of the priority needs listed below.

1. Provide Decent and Affordable Housing and Supportive Services for Low- And Moderate-Income Families

1.1 Provide Public Services Related To Housing for low- and moderate-income families

2. Increase Housing and Supportive Services for Special Needs Populations

2.1 Provide Public Services to Special Needs Populations

3. Provide Decent and Affordable Housing and Supportive Services for Homeless Populations

3.1 Provide Public Services to the homeless population and to persons in danger of becoming homeless

REQUIRED APPLICATION CONTENTS

The following information is required in each application and should be organized and submitted within tabbed and labeled portions of the application submission, as follows:

Tab A. Cover Sheet

Authorization for the submission of the application.

Tab B. Application Submission Requirements

A checklist of submission requirements and required documentation.

Tab C. Project Details

This section should include all the details about the proposed project, including information about the Applicant, project description, project type, project location, project implementation schedule and major activities, and proposed project achievements.

Tab D. Beneficiaries

This section includes information about the area and population to be served, including the method to determine income eligibility of clients to be served, and environmental impacts.

A description must be provided detailing how household size and income will be documented to verify that at least 51% of clientele are persons whose total household income from all adult household members does not exceed HUD's low to moderate-income limits for the Anniston-Oxford Metropolitan Statistical Area.

Program Need: This section should identify the need or problem to be addressed by the proposed project. Also, this section should include methods used to identify the needs. Include specifics as to documentation used and/or meetings held to assess the needs.

Tab E. Goals and Objectives

National Objectives: National Objectives established by the U.S. Department of Housing and Urban Development (HUD) require that programs and projects target low to moderate-income clients. An activity is considered to benefit low to moderate-income clientele when at least 51 percent of the Anniston residents served meet the low to moderate-income persons in accordance with HUD's income guidelines (See Attachment "A" Income Guidelines). In this portion of the application, identify which National Objective will be met.

Performance Objectives/Outcomes/Priority Needs: Applicant identifies priority needs and selects performance objectives and outcomes that fit the proposed project. This section also includes information provided by the Applicant on its previous experience in implementing similar programs/projects.

Reporting, Monitoring, and Recordkeeping: The City of Anniston requires that funded organizations provide data and information via the submission of reports pertaining to the administration and expenditure of CDBG-funded activities.

Tab F: Sustainability

Non-CDBG Proposed Project Funding: Identify the applicant's budget and the availability of non-CDBG funds for the proposed project.

Proposed Staffing: This section identifies the program staffing for the proposed project, including current employees, new hires, and volunteers to be utilized in any capacity of the project.

Resource Leveraging: Resource Leveraging represents the resources the proposing agency will bring to the project to supplement the funds being requested. Resource leveraging can be in the form of monetary resources or in-kind services. Please include other resources in the Budget Summary in TAB G.

Potential Conflicts of Interest: Complete the questions addressing potential conflicts of interest by the Applicant.

Tab G: Proposed Budget Summary

Proposed Project Budget Summary: Complete the table outlining the projected total expenses for the proposed project, including sources and amounts of leveraging funds.

TECHNICAL ASSISTANCE

Technical assistance questions should be directed to City of Anniston Community Development staff at:

Ms. Mary Motley

Community Development Coordinator

P.O. Box 2168

Anniston City Hall

1128 Gurnee Avenue

Anniston, AL 36202 E-mail: mmotley@anniston.al.gov Phone: 256-231-7799

APPLICATION SUBMISSION INSTRUCTIONS

Provide **1 PRINTED UNBOUND HARD COPY WITH ORIGINAL SIGNATURES AND 1 DIGITAL COPY (flash drive only)** of your complete CDBG application with attachments. All entities must meet the requirements set forth in this application. **Attendance at the application workshops to be held for FY 2017 funding is strongly encouraged, as this is a revised version of the 2016 application. The same information will be presented at the two workshops.**

FY 2017 Funding Cycle Application Workshops - Wednesday, October 26, 2016 at 10:00 a.m. and 6 p.m.

Location: Anniston City Hall
 Old Council Chambers
 1128 Gurnee Avenue
 Anniston, AL 36201

Applications must be received by the City of Anniston Community Development Department no later than Friday, December 16, 2016 at 4:00 p.m.

Applicant will receive a date/time-stamped receipt from the City of Anniston to confirm a timely submission.

Office Address

City of Anniston
Community Development Department
Anniston City Hall
1128 Gurnee Avenue
Anniston, AL 36201 -4565

Mailing Address

City of Anniston
Community Development Department
P.O. Box 2168
Anniston, AL 36202-2168

CITY OF ANNISTON, ALABAMA
FY 2017 CDBG PUBLIC SERVICES APPLICATION

TAB A - COVER SHEET

1. Legal Name of Applicant	<input type="text"/>
2. Mailing Address	<input type="text"/>
3. Telephone Number	<input type="text"/>
4. FAX Number	<input type="text"/>
5. Applicant Website Address	<input type="text"/>
6. How long has Applicant Served City of Anniston Residents?	<input type="text"/>
7. Date of IRS 501(c)(3) certification (for non-profit organizations only)	<input type="text"/>
8. Applicant's DUNS #	<input type="text"/>
9. Applicant's Federal Employee Identification #	<input type="text"/>
10. Registered with SAMS.Gov?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Chief Executive Officer Name	<input type="text"/>
12. Chief Executive Officer Title	<input type="text"/>
13. Chief Executive Officer Telephone	<input type="text"/>
14. Chief Executive Officer Email	<input type="text"/>
15. Contact Person Name	<input type="text"/>
16. Contact Person Title	<input type="text"/>
17. Contact Person Telephone	<input type="text"/>
18. Contact Person Email	<input type="text"/>
19. Board Chair Name	<input type="text"/>
20. Board Chair Title	<input type="text"/>
21. Board Chair Telephone	<input type="text"/>
22. Board Chair Email	<input type="text"/>
23. Board Secretary Name	<input type="text"/>
24. Board Secretary Title	<input type="text"/>
25. Board Secretary Telephone	<input type="text"/>
26. Board Secretary Email	<input type="text"/>

TAB B – APPLICATION SUBMISSION REQUIREMENTS

Please properly label and place all required documentation in the Appendix.

ALL APPLICANTS	
SUBMISSION REQUIREMENTS	DOCUMENTATION
1. The applicant must have at least twelve (12) months experience directly related to the proposed project or program.	Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project. Please also include descriptions of the applicant's previous related program activities. Check Here: <input type="checkbox"/>
2. The applicant must have audited financial statements prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation.	One copy each of the audited financial statement that meets the criteria described. Include management letters if applicable. Check Here: <input type="checkbox"/>
3. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.	Provide a copy of the Applicant's written financial management procedures and a current organization chart. Check Here: <input type="checkbox"/>
4. Identifying eligible project service areas and eligible clientele to be served.	Provide a project map, with project location identified, that includes Census Tracts where services will take place; and Provide a description of clientele to benefit from project. Check Here: <input type="checkbox"/>
5. Each applicant must submit one original hard copy and one digital copy (flash drive only) of their application.	Submit an original hard copy and one digital copy). Check Here: <input type="checkbox"/>

TAB B – APPLICATION SUBMISSION REQUIREMENTS (Continued)

Please properly label and place all required documentation in the Appendix.

In addition to the submission requirements detailed above, nonprofit organizations must also meet the requirements detailed below.

NONPROFIT ORGANIZATIONS	
SUBMISSION REQUIREMENTS	DOCUMENTATION
1. Submission Requirement Items 1 – 5 for ALL APPLICANTS have been appended.	See items detailed above. Check Here: <input type="checkbox"/>
2. Must have a minimum two-year operating history after the date of receipt of its 501(c)(3) classification from the Internal Revenue Service.	A copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant. Check Here: <input type="checkbox"/>
3. Must submit the most recently filed IRS Form 990 or 990 EZ.	Most recent IRS Form 990 or 990EZ. Check Here: <input type="checkbox"/>
4. The applicant must be registered to conduct business in the State of Alabama at the time of application.	A current certification from the Alabama Secretary of State. For assistance, please visit: http://www.sos.state.al.us/vb/inquiry/inquiry.aspx?area=Business%20Entity Check Here: <input type="checkbox"/>
5. Must have a Board of Directors with representation from the community served and committee structure that ensures the necessary mix of skills to succeed.	Provide a list of board members and their addresses; your agency By-Laws; a copy of Conflict of Interest Statement; and a brief narrative confirming your agency meets the Board submission requirements regarding representation. Check Here: <input type="checkbox"/>
6. Must have a current written strategic or business plan for the whole organization that covers at least 24 months which includes the organization's entire current fiscal year and includes the following: mission statement, evidence of an environmental scan for similar/comparable services, stakeholder participation (staff, board, etc.), strategic goals and measurable objectives, implementation plan with assigned staff and/or board responsibilities, on-going evaluation to keep plan current, and addresses multiple years with regular updates.	Current Business/Strategic Plan Check Here: <input type="checkbox"/>

TAB C – PROJECT DETAILS

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Legal Name of Applicant:

Project Name:

CDBG Public Services Funds Requested: \$

Project Priority Number of CDBG FY 2017 project applications submitted.

Will the project serve only City of Anniston residents? ☐ Yes ☐ No

If No, identify explain the process of ensuring that Anniston is paying only its fair share of service costs. (1000 characters maximum; include additional pages as needed and label accordingly).

Please indicate the status of this funding request.

New Project: ☐

Existing Project/Additional Funding ☐

*If the application is for an existing service, indicate year(s) and amount of awarded funds in the narrative below. Include detailed information on how the existing service will be expanded if CDBG funds are awarded; the estimated increase of persons receiving the service and/or discussion of additional services to be provided through the proposed program. Discuss the total budget for this project and how much funding is already secured from non-CDBG sources. **HUD requires that existing public services activities must demonstrate the increased provision of services/beneficiaries to be eligible for each subsequent funding cycle.***

Please check the appropriate box for the type of activity for which you are requesting CDBG Public Services funding:

<input type="checkbox"/> Crime Awareness/Prevention	<input type="checkbox"/> Services for Abused Children
<input type="checkbox"/> Crime Awareness/Prevention	<input type="checkbox"/> Services for Battered Spouses
<input type="checkbox"/> Employment Training	<input type="checkbox"/> Substance Abuse Services
<input type="checkbox"/> Fair Housing Activities	<input type="checkbox"/> Substance Abuse Services
<input type="checkbox"/> Homeless Services	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Health Services	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Other Operating Services: Specify: <input type="text"/>
<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Equipment Purchase: Specify: <input type="text"/>
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Neighborhood Cleanups: <input type="text"/>
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/>
<input type="checkbox"/> Senior (Elderly) Services	<input type="checkbox"/>

TAB C – PROJECT DETAILS (Continued)

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Describe experience with project/program for which funding is requested: (1,000 characters max., include additional pages as needed and label accordingly).

Duration of the project, in months:

Detail your project implementation schedule, what you plan to achieve, and what it will cost per quarter. List the major activity accomplishments anticipated for each quarter and for the program year. (1,000 characters max., include additional pages as needed and label accordingly).

First Quarter (October-December)	\$	
Second Quarter (January–March)	\$	
Third Quarter (April-June)	\$	
Fourth Quarter (July-September)	\$	
Total Funding Request	\$	

Describe Proposed Major Annual Activity Accomplishments:

Project Description:

Provide in narrative format a detailed description of your grant request, including its mission, the need or problem to be addressed, the funding request for the project, and demonstrate through the project description how this project will enable the City to achieve its goals and accomplish the objectives of the Consolidated Plan. The project description should be in sufficient detail to permit the City to evaluate the eligibility of the proposed activities.

Indicate all sources of funding that will be included in the project. Projects that bring additional resources that can leverage the CDBG investment will be more competitive than projects relying solely on CDBG funds. (30,000 characters max., include additional pages as needed and label accordingly).

TAB D – BENEFICIARIES

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Service Area of Project

1. Identify the geographic area to be served by the project activities.

☐ Project Service Area Map Attached in Appendix (as required in Tab B)

Project Beneficiaries

At least 51% of the total number persons to be served by each project must be low to moderate-income for the project to be eligible for City of Anniston CDBG funds.

1. Indicate the number of beneficiaries this project has served/will serve in a 12-month period.

Persons Served in 2016 (If Existing Project)		Proposed Persons To Be Served in 2017	
Total	<input type="text"/>	Total	<input type="text"/>
# Low to Moderate-Income	<input type="text"/>	# Low to Moderate-Income	<input type="text"/>

(See Attachment A for maximum income limits)

2. Identify any **presumed benefit groups** included in the target population and select only one group;

	# Persons Served in 2016	# Proposed Persons Served in 2017
Abused Children	<input type="text"/>	<input type="text"/>
Battered Spouses	<input type="text"/>	<input type="text"/>
Adults with Severe Disabilities	<input type="text"/>	<input type="text"/>
Elderly Persons (62+)	<input type="text"/>	<input type="text"/>
Homeless Persons	<input type="text"/>	<input type="text"/>
Illiterate Adults	<input type="text"/>	<input type="text"/>
Migrant Farm Workers	<input type="text"/>	<input type="text"/>
Persons Living with HIV/AIDS	<input type="text"/>	<input type="text"/>

TAB D – BENEFICIARIES (Continued)

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

3. Identify the needs of the population to be served that are addressed by the proposed project. (1,000 characters max., include additional pages as needed and label accordingly).

4. How does the proposed project meet the identified needs? (1,000 characters max., include additional pages as needed and label accordingly).

5. Describe how the Applicant collaborates with organizations that duplicate the serves that you offer, or those that serve the same population. (1,000 characters max., include additional pages as needed and label accordingly).

6. At least 51% of the total number of persons served by each prospective project must be low to moderate-income for the project to be eligible for City of Anniston CDBG funds. Describe the applicant's process for verifying household income or presumed benefit status of all persons to be served by the project for which funds are requested. (1,000 characters max., include additional pages as needed and label accordingly).

TAB E – GOALS AND OBJECTIVES

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

A. Goals, Objectives, Needs, and Outcomes

1. Indicate one of the **CDBG National Objectives** that the proposed project will address:

	National Objective
<input type="checkbox"/>	Benefiting Low- and Moderate-Income Persons
<input type="checkbox"/>	Preventing or eliminating slums and blight
<input type="checkbox"/>	Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs (Disaster responses, only)

2. Select one of the following **priority needs** that will be addressed by the proposed project

<input type="checkbox"/>	Provide public services related to housing for low- and moderate-income families
<input type="checkbox"/>	Provide public services to special needs populations
<input type="checkbox"/>	Provide public services to the homeless population and to persons in danger of becoming homeless

3. What HUD **performance measurement objective** does your project best exemplify?

<input type="checkbox"/>	Suitable Living Environment	(Projects that benefit communities, families or individuals by addressing issues in their living environment, like poor-quality infrastructure and/or social issues.)
<input type="checkbox"/>	Decent Housing	(Projects that include a housing program component.)
<input type="checkbox"/>	Creating Economic Opportunity	(Projects related to economic development or job creation.)

4. Discuss how the proposed project exemplifies the chosen performance measurement objective(s). (1,000 characters max., include additional pages as needed and label accordingly).



TAB E – GOALS AND OBJECTIVES (Continued)

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

5. What HUD **performance measurement outcome** does your project best exemplify? (If all are relevant, please rank from 1-3) Rankings

- ☐ Improving Availability/Accessibility ☐ 1 ☐ 2 ☐ 3
 (Projects that make services, housing, etc. available or accessible to low to moderate-income persons and/or persons with disabilities.)
- ☐ Improving Affordability ☐ 1 ☐ 2 ☐ 3
 (Projects that make housing, services, transportation, etc. more affordable for low to moderate-income persons.)
- ☐ Improving Sustainability ☐ 1 ☐ 2 ☐ 3
 (Projects that help communities become more livable or viable by removing slum/blight or providing services that can result in more sustainable communities.)

Discuss how the proposed project exemplifies the chosen performance measurement outcome(s). (1,000 characters max., include additional pages as needed and label accordingly).

6. Complete the table below to identify how **expected outcomes** will be measured to meet performance goals.

CDBG Public Services Performance Goals

Activity	Prior Year Performance Goal	2017 Performance Goal
Ex. Housing Counseling	Ex. FY 2016 Assisted 9 households	FY 2017 Propose Assisting 12 households
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<div style="background-color: #cccccc; width: 44px; height: 16px;"></div>	<div style="background-color: #cccccc; width: 44px; height: 16px;"></div>	<div style="background-color: #cccccc; width: 44px; height: 16px;"></div>
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TAB E – GOALS AND OBJECTIVES (Continued)

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

B. Reporting, Monitoring, and Record-Keeping

The City of Anniston require organizations receiving HUD grant funds to provide data and information for the submission of monthly, quarterly, and annual reports pertaining to the administration and expenditure of CDBG-funded activities.

1. Describe and discuss Applicant's experiences in reporting, monitoring, or record-keeping compliance requirements with other funding agencies. Identify previous CDBG experience. (1,000 characters max., include additional pages as needed and label accordingly).



TAB F- SUSTAINABILITY

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Sustainability Factors

1. What is the Applicant's annual budget? \$
2. How much of the Applicant's annual budget is generated from grant revenues other than CDBG?

<input type="checkbox"/>	Less than 30%
<input type="checkbox"/>	31-50%
<input type="checkbox"/>	51-60%
<input type="checkbox"/>	61-70%
<input type="checkbox"/>	71-80%
<input type="checkbox"/>	More than 80%

3. What is the total budget for the proposed project? \$
4. How much non-CDBG funding does the Applicant already have in place for the project? \$
5. If the project is not awarded CDBG funding, does the Applicant have the financial means to support the proposed services? (1,000 characters max., include additional pages as needed and label accordingly).

6. Is the applicant willing and able to begin this project October 1, 2017 regardless of the date potential CDBG funding is made available?

☐ Yes ☒ No

If yes, explain how the Applicant will cover program costs while awaiting the CDBG award. (1,000 characters max., include additional pages as needed and label accordingly).

TAB F- SUSTAINABILITY (Continued)

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Project Staff

1. Number of full-time staff employed by Applicant?
2. Number of years Applicant has employed full-time staff?
3. How many staff employed by the Applicant will work on the proposed project?
4. Provide position titles and qualifications, professional certification:

Position Title:

Position Qualifications:

Professional Certifications Required:

Position Title:

Position Qualifications:

Professional Certifications Required:

Position Title:

Position Qualifications:

Professional Certifications Required:

Position Title:

Position Qualifications:

Professional Certifications Required:

Position Title:

Position Qualifications:

Professional Certifications Required:

5. Resumes of staff who will work on the project are attached.

☐ Yes ☒ No

6. Do any family relationships (by blood or marriage) exist between Applicant staff and/or Agency Board members? If Yes, please explain in detail. (1,000 characters max., include additional pages as needed and label accordingly). ☐ Yes ☒ No

7. Do any family relationships (by blood or marriage) exist between Applicant staff and/or City of Anniston Mayor and Council? If Yes, please explain in detail. Please be sure to include organization Conflict of Interest Statement as indicated in the Application Submission Requirements. ☐ Yes ☒ No

TAB G- PROPOSED BUDGET SUMMARY

Please properly label and place all required documentation in the Appendix

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Staff and overhead expenses must be directly related to carrying out the proposed project/activity.

Please include **leveraged funds** (other non-CDBG resources) that are immediately accessible and firmly committed to the project. Leveraged funds can include a blend of cash, loans, or in-kind resources available to finance the project costs. Provide written documentation of such firmly committed leveraged funds (e.g., award or commitment letters from providers of the leveraged funds).

In-kind contributions must have a specific dollar value established in accordance with Generally Accepted Accounting Principles. The basis of determining the value for personal services and donated materials and supplies must be identified. Volunteer services may be counted if the service is an integral and necessary part of the project. To determine in-kind volunteer contributions, use the estimated amount of what a paid worker would earn doing the same type of work and include in the Appendix.

City of Anniston Community Development Block Grant – Public Services				
Operating Expenses	CDBG Request	Leveraged Funds (Non-CDBG Funds)	Source of Leveraged Funds	Total Project Costs
1. Salaries & Benefits	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2. Program Equipment Repairs & Maintenance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. Office Supplies	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4. Advertising	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5. Postage	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
6. Printing/Copying	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
7. Telecommunications	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
8. Professional Services/Fees	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
9. Accounting Services	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
10. Audit Services	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
11. Reimbursable Travel [Mileage]	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
12. Insurance & Bonding [Facilities & Program]	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
13. Volunteer/In-Kind	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
14. Other: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total Request for Public Services	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

SIGNATURE PAGE

This Page Must Be Submitted With the Application.

☐ Resolution Authorizing Submission of Application is Attached

Name of Applicant:

Be it resolved that the governing body (i.e. Board of Directors, Board of Commissioners, etc.), of the above referenced Applicant resolved at its meeting date referenced below, to authorize the Applicant to submit an application to the City of Anniston for CDBG funding. The individual referenced below is authorized to execute any documents necessary for application submission and funding.

Meeting Date:

Amount Requested: \$

I hereby certify that the foregoing resolution was approved by our governing body.

Authorized Certifying Official (Signature, Name & Title)

Date

(Insert Corporate Seal)

I certify that I have completed the application for City of Anniston Community Development Block Grant – Public Services funding. All of the information contained in this submission has been completed as thoroughly and as accurately as possible.

Prepared by: _____ Date: _____
Signature

Prepared by:
Printed Name & Title

Approved by: _____ Date: _____
Signature

Approved by:
Printed Name & Title

For City Use Only

**TO BE COMPLETED BY CITY OF ANNISTON
STAFF
AND RETURNED TO APPLICANTS**

**CITY OF ANNISTON, ALABAMA
COMMUNITY DEVELOPMENT DEPARTMENT**

FY 2017 APPLICATION INTAKE RECEIPT

Grant Year: _____ **Received Date/Time:** _____

Agency Name:

Contact Name:

Contact Phone Number:

Type of Application:

Number of Applications Submitted:

Received by: _____
Name/Title Signature

APPENDIX

**Place Required Documentation in this Appendix
(Identify the Appropriate Tab for Each Item and Number All Pages)**

ATTACHMENT A

Income Guidelines

MAXIMUM HOUSEHOLD INCOME LIMITS [CITY OF ANNISTON, ALABAMA]

FY 2016 Income Limits

Effective: March 28, 2016

FY 2016 Income Limit Area	Median Income	FY 2016 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
City of Anniston	\$46,700	Extremely (30%) Income Limits	\$11,880	\$16,020	\$20,160	\$23,500	\$25,400	\$27,300	\$29,150	\$31,050
		Very Low (50%) Income Limits	\$16,450	\$18,800	\$21,150	\$23,500	\$25,400	\$27,300	\$29,150	\$31,050
		Low (80%) Income Limits	\$26,350	\$30,100	\$33,850	\$37,600	\$40,650	\$43,650	\$46,650	\$49,650

Source U.S. Department of Housing & Urban Development [HUD] Datasets:

<https://www.huduser.gov/portal/datasets/il/il16/FY16-IL-al.pdf>

ATTACHMENT B
City of Anniston FY 2017 Application Cycle
Community Development Block Grant (CDBG) Program
Public Services Application Rating Form

Applicant:	Funding Request:
Proposed Project:	
Reviewer:	Date:

Application Completeness	Yes	No	Eligible	Comments
Tab A				
Tab B				

TAB C – PROJECT DETAILS	SCORE			
Criteria	Yes	No	Max. Points	Total Points Received
Project serves <u>only</u> City of Anniston residents <i>Yes = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
If project also serves non-Anniston residents, applicant provides a percentage of Anniston residents to be served and a method of ensuring that Anniston pays only its fair share. <i>Yes, Anniston 51% plus detail on other 49% = 2 points; Gwinnett 51%, but no detail on other 49% = 1 point; No information provided on other residents = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant has experience with project. <i>10+ years = 5 points; 5-10 years = 4 points; 3-5 years = 3 points; 1-3 years = 2 points; less than 1 year = 1 point; no experience = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
Applicant provides the duration of the project. <i>Less than 6 months = 5 points; 6-9 months = 4 points; 9-12 months = 3 points; 12 months = 2 points; More than 12 months = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
The proposed implementation schedule is realistic and includes expenditure schedule, accomplishments, and timelines. <i>Clear schedule provided = 5 points; some questions remain = 3 points; unclear and many questions remain = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
The project description provides a detailed and comprehensive narrative about the project. <i>Yes and no questions remain = 10 points; Yes, but a few questions remain = 8 points; Almost, but many questions remain = 5 points; No, but further information needs to be provided = 3 points; No, an all is unclear = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	10	
TAB C TOTAL			29	

ATTACHMENT B (Continued)
CDBG Public Services Application Rating Form

TAB D – BENEFICIARIES		SCORE		
Criteria	Yes	No	Max. Points	Total Points Received
Applicant provides a Project Service Area Map, with project location(s) identified, in Appendix. <i>Yes = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Project site is or is adjacent to a current/former environmental hazard. <i>Yes = 0 points; Don't Know = 1 points; No = 3 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Applicant identified that 51% or more total population served as low and moderate income. <i>Yes = 5 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Existing projects: Total proposed to be served in 2017 is greater than in 2016. Increased percentages: <i>51%+ = 3 points; 30-50% = 2 points; 1-29% = 1 points; 2017 equal to or less than 2016 = 0 points; N/A = 3 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
New projects: Total proposed to be served in 2017 is realistic for a 12-month time frame. <i>Yes = 3 points; No = 0 points; N/A = 3 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Applicant identifies need(s) to be addressed by project. <i>Yes, at least one need identified and provides data/research to support need = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Applicant's design meets the identified need. <i>Yes, and includes data/research; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Applicant describes collaborative efforts with other service providers. <i>Yes, clear description = 2 points; Yes, but vague = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Applicant describes a procedure for verifying income. <i>Yes, and it is clear = 3 points; Yes, but vague = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
TAB D Total			21	

ATTACHMENT B (Continued)
CDBG Public Services Application Rating Form

TAB E – GOALS AND OBJECTIVES			SCORE	
Criteria	Yes	No	Max. Points	Total Points Received
Applicant identifies the performance measurement outcomes/objectives best exemplified. <i>Yes = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Application provides descriptions of how project exemplifies chosen performance measurements/outcomes. <i>Yes, and both are clear = 4 points; Yes, but only one is clear = 3 points; Yes, but both are vague = 2 points; Yes, but both are unclear = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	4	
Applicant provides clear and measurable performance goals as they relate to the proposed project. <i>Yes, clear and measurable = 5 points; Yes, but some questions remain = 3 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
Applicant's proposed project meets one or more of the CDBG Program priorities as detailed in the application instructions. <i>More than one = 5 points; One = 3 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
Applicant provides sufficient evidence to suggest satisfactory reporting, monitoring, and record-keeping systems are in place. <i>Yes, answer is clear = 3 points; Yes, but some questions remain = 2 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
Applicant has experience in reporting, monitoring or record-keeping. <i>Yes, extensive = 5 points; Yes, but limited (or unclear) = 3 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
TAB E Total			24	

TAB F – SUSTAINABILITY			SCORE	
Criteria	Yes	No	Max. Points	Total Points Received
Percentage of applicant's budget includes grant revenue. <i>0% = 12 points; Less than 30% = 10 points; 31-50% = 7 points; 51-60% = 5 points; 61-70% = 3 points; 71-80% = 1 point; More than 80% = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	12	
Applicant has funding in place for the project. <i>100% = 5 points; 50-99% = 3 points; 30-50% = 2 points; 10-30% = 1 point; 0-10% = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
Applicant is willing and able to start the project October 1, 2017. <i>Yes = 5 points; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	5	
Applicant has employed at least one full-time staff member for at least one year prior to the request for funding. <i>Yes = 1 point; No = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Applicants has reported no conflicts of interest. <i>No = 3 points; Yes = 0 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	3	
TAB F Total			26	

ATTACHMENT B (Continued)
CDBG Public Services Application Rating Form

Scoring by Reviewers

	Maximum Points Possible	Score Received
Tab C Total	29	
Tab D Total	21	
Tab E Total	24	
Tab F Total	26	
Grant Total	100	

Financial Assessment of Application Completeness			
Application Completeness	Yes	No	Eligible?
Did the applicant include most recent audit or financial statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the applicant include an audited financial statement that is clear of any findings/concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the applicant include written financial management procedures along with current applicant organization chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the applicant include their most recent IRS Form 990 or 990EZ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments/feedback not covered in the scoring criteria that should be considered in the decision to award funding.